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United States Bankruptcy Court
of the
Northern District Of Illinois
Western Division

In Re: JUDITH L. LERETTE
1000 ASCOT DRIVE
CRYSTAL LAKE, IL 60014

Trustee's Final Report
SSN-xxx-xx-3205

Case Number: 04-72919

Case filed on: 6/3/2004
Plan Confirmed on: 8/6/2004

P Discharged Paid Out

Total funds received and disbursed pursuant to the plan: \$25,842.33

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
772	CLERK OF U.S. BANKRUPTCY COURT	0.00	0.00	0.00	0.00
	Total Administration	0.00	0.00	0.00	0.00
000	COSTELLO & COSTELLO PC	712.50	712.50	712.50	0.00
	Total Legal	712.50	712.50	712.50	0.00
018	SBC	0.00	0.00	0.00	0.00
023	SIMPSON EYE ASSOCIATES, LTD	0.00	0.00	0.00	0.00
202	CHASE MANHATTAN MORTGAGE	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
999	JUDITH L. LERETTE	0.00	0.00	8,854.07	0.00
	Total Debtor Refund	0.00	0.00	8,854.07	0.00
001	CHASE MANHATTAN MORTGAGE CORP	81,644.18	0.00	0.00	0.00
002	CHASE HOME FINANCE	22,692.89	13,794.30	13,794.30	0.00
	Total Secured	104,337.07	13,794.30	13,794.30	0.00
003	ANIL K. KHEMANI, MDSC	0.00	0.00	0.00	0.00
004	CENTEGRA HEALTH SYSTEM	0.00	0.00	0.00	0.00
005	CRYSTAL LAKE OPHTHALMOLOGY	0.00	0.00	0.00	0.00
006	DAILY HERALD	0.00	0.00	0.00	0.00
007	DISCOVER BANK	0.00	0.00	0.00	0.00
008	DORAN & SAKIEWICZ, DDS	0.00	0.00	0.00	0.00
009	GOOD SHEPHERD HOSPITAL	0.00	0.00	0.00	0.00
010	NCO FINANCIAL	0.00	0.00	0.00	0.00
011	KEY MEDICAL GROUP	0.00	0.00	0.00	0.00
012	NORTHWEST HERALD	0.00	0.00	0.00	0.00
013	NORTHWEST IMAGING ASSOCIATION	0.00	0.00	0.00	0.00
014	NORTHWEST SUBURBAN IMAGING	0.00	0.00	0.00	0.00
015	NORTHWESTERN UNIVERSITY MEDICAL SCH.	0.00	0.00	0.00	0.00
016	RETINA INSTITUTE OF ILLINOIS PC	0.00	0.00	0.00	0.00
017	PORTFOLIO RECOVERY ASSOCIATES	936.95	936.95	936.95	59.28
019	SEARS ROEBUCK & CO.	0.00	0.00	0.00	0.00
020	VAN RU CREDIT CORPORATION	0.00	0.00	0.00	0.00
021	SHERMAN HOSPITAL	0.00	0.00	0.00	0.00
022	ROCKFORD MERCANTILE AGENCY INC	339.20	339.20	339.20	21.47
024	DUN & BRADSTREET	0.00	0.00	0.00	0.00
	Total Unsecured	1,276.15	1,276.15	1,276.15	80.75
	Grand Total:	106,325.72	15,782.95	24,637.02	80.75

Total Paid Claimant: \$24,717.77
Trustee Allowance: \$1,124.56
Percent Paid Unsecured: 100.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer

Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 12/28/2008

By /s/Heather M. Fagan